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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/809,469 03/15/2001 PAT 6,629,963
 which is a CIP of 09/454,993 12/06/1999 ABN
 which is a CON of 09/040,067 03/17/1998 PAT 6,009,933
 which is a DIV of 08/670,255 06/20/1996 PAT 5,752,942

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 11/01/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 4	TOTAL CLAIMS 59	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

32752

TITLE

MULTI-BEVELED POINT NEEDLE AND SYRINGE HAVING A MULTI-BEVELED POINT NEEDLE

FILING FEE RECEIVED 1834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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